JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY							
Privacy Act Statement							
AUTHORITY: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 (SSN).							
PRINCIPLE PURPOSE(S): The information requested is to be used in evaluating claims.							
ROUTINE USE(S): The information requested is used in the settlement of claims for loss, damage, or destruction of personal property and recovery from liable third parties.							
DISCLOSURE: Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.							
GENERAL INSTRUCTIONS: The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD form 1840 and blank DD Forms 1840R will be provided to the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.							
SECTIO	N A - GENERA	L (To be	e completed by carrier/co	ntractor)			
1. NAME OF OWNER (Last, First, Middle Initial)		2. SOC	IAL SECURITY NO.	3. RANK OR GRADE	4. NET WT OF SHIPMENT		
5. ORIGIN OF SHIPMENT (City, and State/County)			6. DESTINATION OF SHIPMENT (City and State/country)				
7. PPGBL/ORDER NUMBER 8. PICKU	IP DATE		9. NAME AND ADDRESS OF CARRIER/CONTRACTOR				
10. CODE OF SERVICE 11. SCAC 12. CARE	RIER/CONTR RE	F. NO.					
SECTION B - RECORD OF LOSS OR D							
13 Notice is hereby given to the carri	-						
received in condition as shown below ar to further inspection and notification to							
hereof. THE VALUE INDICATED IN BLOC					a on the reverse side		
a. Inv. No. b. Name of Item c. Description of loss or date			amage (If missing, so indicat	re)			
		1					
14. ACKNOWLEDGEMENT BY MEMBER OR AGENT (X and complete as 15. ACKNOWLEDGEMENT BY CARRIER'S/CONTRACTOR'S REPRE-							
applicable and sign below)			SENTATIVE (X and complete as applicable and sign below)				
a. I received my property in apparently good condition except			a. Property was delivered in apparently good condition except as otherwise noted above.				
as indicated above. A continuation sheet				cer action for missing item	26		
b. Unpacking and removal of packing material, boxes, cartons, and			c. Name of delivering car		15.		
other debris		c. Harrie of delivering carr	rici, agent, contractor				
c. I estimate the amount of my loss and/or damage at					•		
\$							
d. I have received three copies of this form. I understand that I have 70 days to list any further loss and/or damage on the back of this form				37.5			
and give this to the nearest claims office, and that failure to do so							
e. Telephone Number	f. Date Signed	,	d. Storage in transit?				
	Dute Signed		Yes	No			
g. Signature			e. Signature	•	f. Date Signed		
D Form 1840, JAN 88 Previous editions are obsolete. PAGE OF PAGES							

BEFORE USING - REVERSE CARBONS

NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER: You have up to 70 days to inspect your property and not all loss or damage. Should you find any loss or damage not reported on DD Form 1840 at the time of delivery, complete Section A below. Use only a ball-point pen or typewriter. THE COMPLETED FORM MUST BE DELIVERED TO YOU LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF THE AMOUNT PAYABLE ON YOUR CLAIM. Keep a copy of this form for your records, receipted and dated by the claims office. If more than one page is needed, please number the pages.

SECTION A - (To be completed by member)							
1. STATEMENT OF PROPERTY LOSS OR DAMAGE: You are hereby notified of the loss or damage in the following shipment of personal property.							
a. Name of M	lember (Last, First, Middle Initial)		b. PPGBL/Order Number	c. Date of Delivery			
2 1							
d. Origin of Shipment (City and State/Country)		e. Destination of Shipment (City and S	tate/Country)				
f You are	further notified that property of	owner intends to	present a claim for this loss ar	nd/or damage			
f. You are further notified that property owner intends to present a claim for this loss and/or damage. You are hereby extended and opportunity to inspect the property.							
2. LIST OF PROPERTY LOSS/DAMAGE (NOTE: Tracer action is requested for items listed as missing)							
a. Inv. No.	b. Name of Item		of Loss or Damage (If missing, so indicate)				
Ť wo		172 - 2					
7							
		F =					
	SF	CTION B - (To be c	ompleted by claims office)				
		경기를 받는 것이 되었다. 그 이번 전에 가장 되었다면 가장 그 그 것이 되었다. 그 것이 없는 것이 없다면 그 것이다.	er/contractor listed in item 9 on DD I	Form 1840)			
3. TO (Ho	me Office of Carrier/Contractor)						
	Address (Street Address, City, State, and	ZIP Code)		b. Date of Dispatch			
a. Name and	Address (Street Address, City, State, and	zir coucy		D. Dute of Disputeri			
4. YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR ASSISTANCE							
	Address of Claims Officer		b. Signature				
		c. Date Signed	d. Telephone Number				
20							
DD Form 1840R, JAN 88 Previous			s editions are obsolete.	PAGE OF PAGE			